



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON, COMMISSIONER

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RESIDENT AND NON-RESIDENT
CLAIMS ADJUSTER REQUEST
FOR WAIVER OF EXAMINATION

Pursuant to L.R.S.22:1210.79C, an individual who has been actively engaged in the business of adjusting insurance claims for at least three consecutive years within the past 10 years in this state or has five total years with in the past 10 years of adjusting experience may apply to the commissioner for a license without passing the examination. In order to receive an exemption, the individual must have the required experience in each line of authority applying for. If you wish to apply for this exemption please complete this form and submit it along with your application to the Department. You must account for times of employment for each line of authority you are requesting exemption of.

I would like to be considered for the exemption and am requesting this exemption based upon the following. Please check one.

☐ 3 Consecutive Years Experience

☐ 5 Years Total Experience

Claim Adjuster Experience					
	From		To		Check the Type of Claims Adjusted
	Month	Year	Month	Year	
Employer Name					<input type="checkbox"/> Automobile
City State					<input type="checkbox"/> Personal Lines
					<input type="checkbox"/> Commercial Lines
Employer Name					<input type="checkbox"/> Automobile
City State					<input type="checkbox"/> Personal Lines
					<input type="checkbox"/> Commercial Lines
Employer Name					<input type="checkbox"/> Automobile
City State					<input type="checkbox"/> Personal Lines
					<input type="checkbox"/> Commercial Lines
Employer Name					<input type="checkbox"/> Automobile
City State					<input type="checkbox"/> Personal Lines
					<input type="checkbox"/> Commercial Lines

Application Certification
Must be signed and dated

I hereby certify, under penalty of perjury, all of the information submitted on this form and attachments are true and correct. I am aware that submitting false information or omitting pertinent or material information in connection with this exemption is ground for license revocation or denial of the license and may subject me to civil or criminal penalties. In addition, I am aware that I may be requested to submit a detailed work experience to the Department of Insurance at anytime.

Month/Day/Year

Original Adjuster Signature

Full Legal Name (Printed or Typed)

Social Security Number

Addendum to request for Waiver of Examination

DETAILED WORK EXPERIENCE

Please complete this form in detail as part of your request for Waiver of Examination for an adjuster license, using additional pages as necessary:

- 1) Profile: Brief overview of your work experience as a claims adjuster:

- 2) Qualifications: What type of claims handled, any other type of work performed as claims adjuster and any other experience that would indicate why you believe you should be exempted from the Claims Adjuster examination:

- 3) Education and Training: List any formal education you have had and also list any educational classes you may have attended that pertain directly to your job as a claims adjuster.

- 4) Professional Experience: Beginning with your first job as a claims adjuster, please indicate the year, place of employment and jobs you performed as a claims adjuster, specifically the type of claim you handled.

Original Adjuster's Signature

Month/Day/Year

Full Legal Name (Printed or Typed)

Social Security Number